## ALL REFERENCES CONSIDERED EXCEPT WHERE LINED THROUGH. /CB/

INFORMATION DISOLOSURE STATEMENT BY APPLICANT

| Complete if Known      |                       |  |  |
|------------------------|-----------------------|--|--|
| Application Number     | 09/675,677            |  |  |
| Filing Date            | September 29, 2000    |  |  |
| First Named Inventor   | Leo J. CAMPBELL       |  |  |
| Art Unit               | 2434                  |  |  |
| Examiner Name          | BROWN, Christopher J. |  |  |
| Attorney Docket Number | 08049.0001-00         |  |  |

(Use as many sheets as necessary)

Sheet 1 of 1 Attorney Docket Number

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| Examiner Cite No.                                   | Cite | Document Number                          | Issue or                    | Name of Patentee or         | Pages, Columns, Lines, Where                    |
|   | No.' | Number-Kind Code <sup>2</sup> (if known) | Publication Date MM-DD-YYYY | Applicant of Cited Document | Relevant Passages or Relevant<br>Figures Appear |
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Note: Submission of copies of U.S. Patents and published U.S. Patent Applications is not required.

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| Examiner<br>Initials | Cite<br>No. <sup>1</sup> | Foreign Patent Document  Country Code <sup>3</sup> Number <sup>4</sup> Kind Code <sup>5</sup> ( <i>if known</i> ) | Publication Date<br>MM-DD-YYYY | Name of Patentee or<br>Applicant of Cited Document | Pages, Columns, Lines,<br>Where Relevant Passages<br>or Relevant Figures<br>Appear | Translation <sup>6</sup> |  |
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| Examiner<br>Initials           | Cite<br>No. <sup>1</sup> | Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published. | Translation <sup>6</sup> |
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| Examiner<br>Signature | /Christopher Brown/ | Date<br>Considered | 06/09/2009 |
|-----------------------|---------------------|--------------------|------------|
|                       |                     |                    |            |

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